

ALABAMA BOARD OF COSMETOLOGY AND BARBERING

100 North Union Street, Suite 324, Montgomery, AL 36130-1750 Phone: 334-242-1918 Toll Free: 1-800-815-7453 Fax: 334-242-1926

www.aboc.alabama.gov

SHAMPOO ASSISTANT APPLICATION

REQUIREMENTS

1. FEE: \$75.00 Money Order, Cashier's/Salon Check Only. No Personal Checks.

- 2. This License must be received by Applicant before beginning work.
- 3. This License is ONLY for shampooing, cleansing or applying temporary rinse.
- 4. Copy of current Driver's license
- 5. Copy of Social Security card.
- 6. ONE 2" x 2" passport photo -- head-and-shoulders, full frontal view, color, <u>no</u> head covering or hat. <u>NO SELFIES ACCEPTED</u>.

This may be purchased at businesses that provide professional passport photo services

PLEASE PRINT

Applicant's Last Name		First Name	I	nitial
		()		
Date of Birth	Social Security #	Phone: Area Code	E-Mail	
Address: Street		City	State	Zip

- No License shall be issued for a period of more than two (2) years
- All Personal Licenses must be renewed by the last date of birth month in odd-numbered years to avoid a late charge of \$54.00.

BY MY SIGNATURE I CERTIFY THAT I AM EITHER A CITIZEN OF THE UNITED STATES OR LEGALLY PRESENT IN THE UNITED STATES AND AUTHORIZED TO WORK.

Signature of Applicant	Date
	OFFICE USE
	PyType
	Amt
Revised 09/2019. Replaces all Previous Forms	Ac Date
	Notes: